

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538,941

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		51					60						
11		15					61						
12		51					62						
13		1					63						
14		51					64						
15		15					65						
16		51					66						
17		15					67						
18		51					68						
19		1					69						
20		1					70						
21		1					71						
22		51					72						
23		15					73						
24		51					74						
25		15					75						
26		51					76						
27		15					77						
28		51					78						
29		15					79						
30		51					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	29	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	30						TOTAL CLAIMS						

BEST AVAILABLE COPY